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Craig Handicap Assessment and Reporting Technique (CHART-SF)

Availability:	**Please visit this website for more information about the instrument: NINDS CDE Notice of Copyright Craig Handicap Assessment and Reporting Technique Link** Additional information on this measure can be found: The Rehabilitation Measures Database at: Craig Handicap Assessment and Reporting Technique (CHART) The Neurology Section of the American Physical Therapy Association's StrokEDGE Taskforce, MSEDGE Taskforce, SCI EDGE Taskforce, and the TBI EDGE Taskforce: The Neurology Section Neurology Section Outcome Measures Recommendations
Classification:	Supplemental for Mitochondrial Disease, SCI TBI: Supplemental for: Acute Hospitalized, Epidemiology and Concussion/Mild TBI Basic for: Moderate/Severe TBI Rehabilitation
Rationale for inclusion and Classification:	The outcome measure has good psychometric properties and good clinical utility.
Short Description of Instrument:	CHART: Based on the now outdated World Health Organization ICIDH framework, the Craig Handicap Assessment and Reporting Technique (CHART) was originally based on 5 domains, but was then revised to include Cognitive Independence for a total of 6 domains with 32 total items. The Craig Handicap Assessment and Reporting Technique (CHART) is designed to assess how people with disabilities function as active members of their communities. CHART-SF: Short form consisting of 19 items that generate scores for the same 6 subscales of the full revised version. The CHART-SF takes less time to administer and all CHART-SF subscales closely approximate scores from CHART long form except Economic Self Sufficiency. Multidimentional analysis using data gathered from previous study entered into stepwise regression model reducing long form questions to short form reaching >90% of explained variance in all subscales except economic self-sufficiency. (Whiteneck and Brooks 1992)
Time to Administer:	Approximately 15 minutes to administer, varies with form used

Scoring	Scores on each subscale range from 0-100 with total CHART score ranging from 0-600. Higher scores indicate a lesser degree of handicap or greater degree of social and community participation. • Physical independence • Cognitive independence • Mobility • Occupation • Social integration • Economic self-sufficiency
References:	Hall KM, Bushnik T, Lakisic-Kazazic B, Wright J, Cantagallo A. Assessing traumatic brain injury outcome measures for long-term follow-up of community-based individuals. *Arch Phys Med Rehabil.* Mar 2001;82(3):367-374. Noonan VK, Miller WC, Noreau L. A review of instruments assessing participation in persons with spinal cord injury. *Spinal Cord.* Jun 2009;47(6):435-446. Gontkovsky ST, Russum P, Stokic DS. Comparison of the CIQ and CHART Short Form in assessing community integration in individuals with chronic spinal cord injury: a pilot study. *NeuroRehabilitation.* 2009;24(2):185-192. Tozato, F., Tobimatsu, Y., et al. (2005). "Reliability and validity of the Craig Handicap Assessment and Reporting Technique for Japanese individuals with spinal cord injury." Tohoku J Exp Med 205(4): 357-366. Walker N, Mellick D, Brooks CA, Whiteneck GG. Measuring participation across impairment groups using the Craig Handicap Assessment Reporting Technique. *Am J Phys Med Rehabil.* Dec 2003;82(12):936-941. Whiteneck GG, Charlifue SW, Gerhart KA, Overholser JD, Richardson GN. Quantifying handicap: a new measure of long-term rehabilitation outcomes. *Arch Phys Med Rehabil.* Jun 1992;73(6):519-526. Whiteneck G, Brooks C, Charlifue S, Gerhart K, editors. Guide for the Use of CHART: Craig Handicap Assessment